## PART B - FEE(S) TRANSMITTAL

A P &	PARIB - FEE(S) I
Complete and send this form, together	er with applicable fee(s), to: Mai
. 67	••

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

						P.O. Box 1450 Alexandria, Virginia 22313-1450 Fax (703) 746-4000					
	AND TRUCTIONS: This for appropriate All Minimer co- indicated mules corrected maintenance fee notification	orm should be used for tran prespondence including the below or directed otherwise ons.	Patent, advance or e in Block 1, by (a	E FEE and ders and not ) specifying	PUBLIC ification a new co	ATION FEE (if requ of maintenance fees v rrespondence address;	ired). Blocks vill be mailed and/or (b) ir	I through 5 sl to the current dicating a sepa	nould be completed w correspondence addres rate "FEE ADDRESS"	nero s as	
	'CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.					
	AGOURON PHARMACEUTICALS, INC. 10350 NORTH TORREY PINES ROAD LA JOLLA, CA 92037					Certificate of Mailing or Transmission  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Ustates Postal Service with sufficient postage for first class mail in an en addressed to the Mail Stop ISSUE FEE address above, or being fac transmitted to the USPTO (703) 746-4000, on the date indicated below.					
02/	02/03/2005 JBALIHA2 00000100 500329 10810100					Rachel Pota	)	(Depositor's name)			
	1 FC:1501 1400.00 DA 2 FC:1504 300.00 DA APPLICATION NO. FILING DATE FIRS				Ruchel		Hotase		(Signa	ture)	
02						January 31,	2005		(1	Date)	
				FIRST NAME	IRST NAMED INVENTOR			DOCKET NO.	CONFIRMATION NO		
	10/810,100	03/26/2004		Stuart Green			PC9400C		8205		
	TITLE OF INVENTION:	FRIAZOLE DERIVATIVES	USEFUL IN THE	RAPY					<u></u>		
	<sup>2</sup> APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE PO \$1370		BLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE		
	nonprovisional	NO	\$1370			\$300		670	02/07/2005		
	- EXA	AMINER ART		UNIT		ASS-SUBCLASS	]				
	MORRIS, PATRICIA L 1625					548-112000					
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Peter C. Rich  Bryan C. Ziel  Elsa Djuardi						
	3. ASSIGNEE NAME AND RESIDENÇE DATA TO BE PRINTED ON THE PATENT (print or type					r type)		<u>.</u>			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										l fo	
	(A) NAME OF ASSIGN	NEE	<b>(</b> B	) RESIDEN	CE: (CIT	Y and STATE OR CO	UNTRY)	•			
	Agouron Ph	armaceuticals,	Inc.	San D	)iego,	CA		,			
	Please check the appropriate	te assignce category or catego	ories (will not be pr	inted on the p	patent) :	☐ Individual 🎦 C	orporation or	other private gro	oup entity Government	neni	
		The following fee(s) are enclosed:  4b. Payment of Fee(s):						-	<del></del>		
Publication Fee (No small entity discount permitted)					A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.						
	Deposit Account Number 200329 (enclose an extra copy of this form).							opy of this form).	ι, το		
		s (from status indicated abov SMALL ENTITY status. See	•	D b. Appli	cant is no	longer claiming SMA	LL ENTITY s	status. See 37 C	FR 1.27(g)(2).		
	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.										
Authorized Signature Elsa Djuardi, Ph.D.						Date	an 315	'os			
						Registration	No. 45,	963			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.